

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

SEP 26 2011

PRINTED: 09/16/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  445238	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  09/14/2011
NAME OF PROVIDER OR SUPPLIER  LIFE CARE CENTER OF TULLAHOMA			STREET ADDRESS, CITY, STATE, ZIP CODE 1715 N JACKSON ST TULLAHOMA, TN 37388	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS  During annual recertification survey conducted on September 12 - 14, 2011, at Life Care Center of Tullahoma, complaints TN00027732 and TN00028332 were investigated. No deficiencies were cited in relation to the complaints under 42 CFR PART 482.13, Requirements for Long Term Care.	F 000	Preparation and/or execution of this plan of correction by the provider does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The allegation of compliance prepared and/or executed solely because it is required by the provision of Federal and State Law.	
F 176 SS=D	483.10(n) RESIDENT SELF-ADMINISTER DRUGS IF DEEMED SAFE  An individual resident may self-administer drugs if the interdisciplinary team, as defined by §483.20(d)(2)(ii), has determined that this practice is safe.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to determine safety of self administration of drugs for one resident (#15) of twenty-six residents reviewed.  The findings included:  Resident #15 was admitted to the facility on September 10, 2011, with diagnoses including Orthostatic Hypotension, Diabetes Mellitus, and Chronic Obstructive Pulmonary Disease.  Medical record review revealed no assessment to determine the resident's ability to self administer medications.  Medical record review of the Nurse's Note dated September 11, 2011, at 10:00 p.m., revealed "...alert with confusion ..."	F 176	1) It is the practice the practice of Life Care Center of Tullahoma to promote self-administration of medications if deemed safe. On 8/13/11 Resident #15 was assessed for self-administration of medication by Unit Manager and nurse was deemed inappropriate to self-administer. On 9/13/11 nurse is instructed to stay at bedside when resident is receiving breathing treatment. 2) Unit Manager conducted self-administration assessment of all residents in facility on 9/22/11, 9/23/11 and 9/26/11 to determine if medications could be safely self-administered. 3) 9/21/11 Health Information Manager inservice per Director of Nursing to add self-administration to medication form to admission packet. As of 9/21/11 all new resident and re-admission will be assessed for the ability to self-administer medications. 4) Director of Nursing inservice on self-administration of medications on 9/15/11 and 9/27/11. Director of Nursing and Unit Managers will report occurrence of and results of audit to the interdisciplinary quality improvement	9/27/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Louis Hillis*

*Executive Director*

*9/23/11*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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(X6) DATE

*Louis Mills*

*Executive Director*

*9/23/11*

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F 176	Continued From page 1  Observation on September 13, 2011, at 7:49 a.m., in the resident's room, revealed Licensed Practical Nurse (LPN) #8 placed the Duo Neb medication in the mask nebulizer, placed the mask on the resident's face, and instructed the resident to, "breathe through nose and out of mouth", and left the resident's room.  Observation and interview on September 13, 2011, at 7:55 a.m., with LPN #8, in the resident's room, confirmed the resident had removed the mask and the nebulizer treatment had not been completed.  Interview on September 13, 2011, at 8:00 a.m., at the North Hall nurse's station with LPN #2, confirmed the resident had not been assessed by the interdisciplinary team for self administration of medications.	F 176	committee for review and possible intervention.		
F 242 SS=D	483.15(b) SELF-DETERMINATION - RIGHT TO MAKE CHOICES  The resident has the right to choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care; interact with members of the community both inside and outside the facility; and make choices about aspects of his or her life in the facility that are significant to the resident.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure residents were able to freely move about the facility to the dining room, lobby and activities	F 242	1) It is the practice of Life Care Center of Tullahoma to promote the residents' rights to make choices. On 9/14/11 the East Unit doors were opened to facilitate independence throughout the facility for residents on the East Unit including resident #28, #16 and #18. On 9/22/11 resident #28, #16 and #18 were educated that the doors would remain open for his/her ease in moving throughout the facility to promote independence. 2) On 9/22/11 the Executive Director communicated to all residents on the East Unit that the doors would remain open on the unit to facilitate his/her participation throughout the facility. 3) Director of Environmental Services will		9/27/11

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F 242	<p>Continued From page 2</p> <p>area for three (#26, #16, #18) of twenty-six residents reviewed.</p> <p>The findings included:</p> <p>Resident #16 was admitted to the facility on August 15, 2008, with diagnoses including Diabetes, Hypertension, and Anemia.</p> <p>Medical record review of the care plan dated June 29, 2011, revealed, "...Assisted to extent required with independence encouraged..."</p> <p>Medical record review of a nurse's note dated September 11, 2011, revealed, "...10:30 a.m....Propels self in w/c (wheelchair) to DR (dining room) and activities...3:45 p.m. visitor reported pt. (patient) (right) hand bleeding in front lobby. Charge nurse assessed pt. (right) hand x 2...cleansed (with) wound cleanser...(dressing) applied...Staff to assist (with) transfers through doorways..."</p> <p>Medical record review of a physician's order dated September 12, 2011, revealed, "...Resident education for safety when passing through doorways and to ask for assist of staff..."</p> <p>Observation during the annual survey on September 12, 2011, and September 13, 2011, from approximately 8:00 a.m. until 4:00 p.m., revealed the double fire doors remained closed from the east wing to the lobby and dining areas.</p> <p>Observation and interview with resident #16, on September 13, 2011, at 7:45 a.m., revealed the resident seated in a wheelchair in the hall. Continued observation revealed a dressing on the</p>	F 242	<p>place East Unit doors on a weekly x 4/monthly audit to ensure doors are open at all times and functioning properly. On 9/15/11 and 9/27/11 Director of Nursing and Director of Environmental Services inserviced staff on the East Unit doors remaining open to enhance residents independence and residents' rights to move freely thought the facility. Residents' Rights will be addressed monthly via the Resident Council meeting by the Director of Activities.</p> <p>4) Director of Nursing and Director of Environmental Services will report occurrence of and result of audits to the interdisciplinary quality improvement committee for review and possible intervention.</p>		

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F 242	<p>Continued From page 3</p> <p>resident's right hand. Interview at this time revealed the resident received the injury trying to go through the closed doors on the east hall.</p> <p>Observation and interview with resident #16, on September 14, 2011, at 8:00 a.m., revealed the resident self propelling in the wheelchair. Interview at this time revealed it would be easier to go to the dining room if the double doors on the east hall were open. Further interview revealed staff is not always available to open the doors.</p> <p>Resident #18 was admitted to the facility on November 20, 2007, with diagnoses including Cerebrovascular Accident with Right Hemiplegia, Chronic Kidney Disease, and Depressive Disorder.</p> <p>Medical record review of the Minimum Data Set (MDS) dated August 30, 2011, revealed the resident was independent with daily decision making.</p> <p>Interview on September 13, 2011, at 9:15 a.m., with the resident, in the resident's room, revealed the resident was able to propel self, in the wheelchair, throughout the facility. Continued interview revealed the resident had difficulty going through the doors, from the east wing, where the resident's room was located, to attend activities in the dining room.</p> <p>Resident #26 was admitted to the facility on March 22, 2011, with diagnoses including Cerebrovascular Accident with Right Hemiparesis, Diabetes, and Hypertension.</p> <p>Medical record review of the MDS dated June 15,</p>	F 242			

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F 242	Continued From page 4 2011, revealed the resident was independent with daily decision making.  Medical record review of a nursing note dated September 7, 2011, revealed "...propels self in w/c (wheelchair) throughout facility..."  Interview on September 14, 2011, at 9:20 a.m., with the resident, in the lobby, revealed the resident had difficulty getting to the lobby due to the double doors from the east wing to the lobby and dining room area remaining closed at all times.  Interview on September 14, 2011, at 11:20 a.m., with the Director of Nursing (DON), in the Human Resources office, confirmed residents #16, #18, and #26 were able to self propel in the wheelchair, and resided on the east wing. Continued interview confirmed the double doors remaining closed, from the east wing to the lobby and dining areas, restricted the residents ability to move independently throughout the facility as desired.	F 242			
F 246 SS=D	483.15(e)(1) REASONABLE ACCOMMODATION OF NEEDS/PREFERENCES  A resident has the right to reside and receive services in the facility with reasonable accommodations of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered.  This REQUIREMENT is not met as evidenced by:	F 246	1) It is the practice of Life Care Center of Tullahoma to provide reasonable accommodations of needs and preferences. On 9/14/11 Resident #21's call light was placed within reach per Nurse #1. 2) On 9/14/11 Unit Managers completed an audit of all East, West and North call lights and all were found to be in compliance and in proper placement. 3) Audit of call light placement will be completed by the Unit Managers/Director of Nursing daily for 5 days beginning on 9/19/11 and ending 9/23/11. Weekly for		9/27/11

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F 246	Continued From page 5 Based on medical record review, observation, and interview, the facility failed to ensure the resident's call light was in reach for one resident (#21) of twenty-six residents reviewed.  The findings included:  Resident #21 was admitted to the facility April 30, 2009, with diagnoses including Aftercare Traumatic Hip Fracture, Depressive Disorder, Insulin Dependent Diabetes, and Insomnia.  Medical record review of the Minimum Data Set (MDS) dated July 31, 2011, revealed the resident had moderate cognitive impairment and required extensive assistance with activities of daily living.  Observation on September 14, 2011, at 8:10 a.m., revealed the resident, alert, sitting in the wheelchair at bedside. The call light was not visible to the resident. Further observation revealed the call light was behind the bedside table, the cord wrapped several times around the lowered bed rail. When pointed out to the resident, the resident attempted to reach it but could not.	F 246	eight weeks and monthly for 3 months. DON will inservice staff on proper call light placement on 9/15/11 and 9/27/11. 4) Director of Nursing and Unit Managers will report occurrence of and result of audits to the interdisciplinary quality improvement committee for review and possible intervention.		
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION  Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase	F 318	1) It is the practice of Life Care Center of Tullahoma to increase/prevent decrease in range of motion. On 9/13/11 palm guard was place on Resident #3 per the Restorative Tech. 2) 9/13/11 Unit Managers audited all residents with adaptive equipment and all	9/27/11	

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F 318	<p>Continued From page 6</p> <p>range of motion and/or to prevent further decrease in range of motion.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview the facility failed to provide appropriate treatment and services to prevent further decline in Range of Motion (ROM) for one resident (#3) of twenty-six residents reviewed.</p> <p>The findings included:</p> <p>Resident #3 was admitted on June 8, 2011, with diagnoses including Pneumonia, Dysphagia (difficulty swallowing), General Pain, Subarachnoid Hematoma, and Left Hemiparesis.</p> <p>Medical record review of the Physician Order's dated September 2011, revealed, "...palm guard to (L) hand due to contractures remove daily for ADL (activities of daily living), care/showers..."</p> <p>Medical record review of the Care Plan dated August 28, 2011, revealed, "...palm guard to left hand r/t (related to) contractures remove daily for ADL care..."</p> <p>Observation on September 13, 2011, at 7:34 a.m., revealed the resident was in the Geri Chair at the nurse's station with no palm guard on the left hand. Further observation at 9:08 a.m., at the nurse's station revealed the resident remained in the Geri Chair with no palm guard on the left hand.</p>	F 318	<p>were in place per MD order.</p> <p>3) Unit Managers will audit adaptive equipment daily for 5 days starting 9/19/11 end ending 9/23/11 then weekly for eight weeks then monthly for 3 months. Director of Nursing inserviced staff on placement of adaptive devices per MD order on 9/15/11 and 9/27/11.</p> <p>4) Director of Nursing and Unit Managers will report occurrence of and result of audits to the interdisciplinary quality improvement committee for review and possible intervention.</p>		

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F 318	Continued From page 7 Interview on September 13, 2011, at 9:20 a.m., with Licensed Practical Nurse (LPN) #2, at the East Hall nurse's station, confirmed the palm guard had not been placed on the resident's left hand.	F 318			
F 323 SS=D	483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES  The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.  This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to ensure a safe transfer for one (#1) of twenty-six residents reviewed.  The findings included:  Resident #1 was admitted to the facility on September 13, 2010, with diagnoses including Decubitus Ulcer Hip, Alzheimer's Disease, and Multiple Joint Contractures.  Medical record review of the Minimum Data Set (MDS) dated August 13, 2011, revealed the resident had severely impaired cognitive skills, required two person assistance with transfers, and did not walk.	F 323	1) It is the practice of Life Care Center of Tullahoma to remain free of accidents and hazards with proper supervision and proper use of devices. On 9/13/11 Residents #1 was assessed for injury related to improper transfer by the Unit Manager. No injury was detected. On 9/22/11 CNA #1 was redirected for not following Life care Center policy and educated on proper transfer protocol. On 9/14/11 LPN #1 was redirected for not following Life Care Center policy and educated on proper transfer protocol. 2) Director of Nursing inserviced staff on transfer policy and use of gait belt on 9/15/11 and 9/27/11. Nursing staff was presently inserviced on use of gait belt upon hire. Gait belt is provided to all CNAs upon hire as part of his/her required uniform. 3) Unit Managers will audit proper transfer techniques/ use of gait belts daily for 5 days beginning 9/19/11 and ending 9/23/11 then weekly for eight weeks then monthly for three months. 4) Director of Nursing and Unit Managers will report occurrence of and result of audits to the interdisciplinary quality improvement committee for review and possible intervention.		9/27/11

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F 323	Continued From page 8  Observation on September 13, 2011, at 10:40 a.m., revealed Licensed Practical Nurse (LPN) #1, and Certified Nursing Assistant (CNA) #1 preparing to transfer the resident from the bed to the chair. Continued observation revealed LPN #1 and CNA #1 transferred the resident, to the chair, by lifting the resident under the arms.  Interview on September 13, 2011, at 2:30 p.m., with the facility's Rehabilitation Services Manager, at the nursing station, revealed a gait belt was to be used when a resident required a two person assist for transfers. Continued interview revealed it was not appropriate to lift a resident under the arms due to the potential for injury, such as a shoulder or arm fracture.  Interview on September 13, 2011, at 2:45 p.m., with the Director of Nursing (DON), in the DON's office, confirmed the transfer performed by LPN #1 and CNA #1 on September 13, 2011, was not safe.	F 323			
F 431 SS=E	483.60(b), (d), (e) DRUG RECORDS, LABEL/STORE DRUGS & BIOLOGICALS  The facility must employ or obtain the services of a licensed pharmacist who establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled.  Drugs and biologicals used in the facility must be labeled in accordance with currently accepted professional principles, and include the appropriate accessory and cautionary	F 431	1) It is the practice of Life Care Center of Tullahoma to promote a safe medication administration by properly storing and labeling drugs and biologicals. On 9/12/11 medication carts and medication rooms were audited by the Unit Managers and all outdated or unmarked medications and culture tubes were properly disposed of by the Unit Managers per Life Care policy. Medications were replaced with appropriate "use by" dates. 2) On 9/13/11 Unit Managers audited medication carts and medication rooms and all were found to be in compliance. All medications were labeled with date		9/27/11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>445238</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>09/14/2011</b>
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F 431	<p>Continued From page 9</p> <p>instructions, and the expiration date when applicable.</p> <p>In accordance with State and Federal laws, the facility must store all drugs and biologicals in locked compartments under proper temperature controls, and permit only authorized personnel to have access to the keys.</p> <p>The facility must provide separately locked, permanently affixed compartments for storage of controlled drugs listed in Schedule II of the Comprehensive Drug Abuse Prevention and Control Act of 1976 and other drugs subject to abuse, except when the facility uses single unit package drug distribution systems in which the quantity stored is minimal and a missing dose can be readily detected.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to properly label opened medications and failed to dispose of medications and biologicals in one of three medication rooms and five of six medication carts.</p> <p>The findings included:</p> <p>Observation on September 12, 2011, at 2:05 p.m., in the North Hall medication room revealed nine wound culture tubes with an expiration date of February 2011, and three with an expiration date of April 2011. Further observation revealed one 30 (ml) milliliter Tuberculosis vaccine with approximately 25 ml in the vial, not dated when</p>	F 431	<p>opened.</p> <p>3) Unit Managers/ Director of Nursing will audit medication carts and medication rooms daily for 5 days starting 9/19/11 and ending 9/23/11 then weekly for eight weeks then monthly for three months to ensure all medications are dated when opened, no medications are expired and all lab supplies are current. Omnicare Pharmacy will continue monthly visits to audit medication carts.</p> <p>4) Director of Nursing and Unit Managers will report occurrence of and result of audits to the interdisciplinary quality improvement committee for review and possible intervention.</p>		

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F 431	<p>Continued From page 10 opened.</p> <p>Observation on September 12, 2011, at 2:20 p.m., on the North Hall revealed in the front hall medication cart, a 10 ml. bottle of sterile water, used for injections, not dated when opened and multiple bottles of over the counter medications not dated when opened.</p> <p>Observation on September 12, 2011, at 2:40 p.m., on the North Hall revealed in the back hall medication cart, multiple bottles of over the counter medications not dated when opened.</p> <p>Interview with the Licensed Practical Nurse (LPN) #2 on September 12, 2011, at 2:05 p.m., 2:20 p.m., and 2:40 p.m., at the North Hall nurse's station confirmed the Tuberculosis vaccine, the sterile water and the over the counter medications had not been dated when opened and were available for use. Further interview confirmed the wound culture tubes had expired and were available for use.</p> <p>Observation on September 12, 2011, at 3:20 p.m., on the West Hall revealed in the back hall medication cart, a Ventolin Inhaler with an expiration date of July 2011, and multiple over the counter medications not dated when opened.</p> <p>Interview with LPN #4 on September 12, 2011, at 3:20 p.m., at the West Hall nurse's station confirmed the Ventolin Inhaler had expired and multiple bottles of over the counter medications had not been dated when opened and were available for use.</p> <p>Observation on September 12, 2011, at 3:55</p>	F 431			

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F 431	Continued From page 11 p.m., on the East Hall revealed in the front hall medication cart, Maxorb/Extra rope 12 inch with an expiration date of October 2010, B1 tablets 100 count bottle 57 left in bottle with an expiration date of July 2011, and eight Sani Dex antimicrobial gel hand wipes with an expiration date of February 2008.  Interview with LPN #5 on September 12, 2011, at 3:55 p.m., at the East Hall nurse's station confirmed the Maxorb, B1 tablets, and the Sani Dex wipes had expired and were available for use.  Interview with the Director of Nursing (DON) on September 13, 2011, at 9:30 a.m., in the hallway outside the DON's office, confirmed all over the counter medications were to be dated when opened.	F 431			
F 505 SS=D	483.75(j)(2)(ii) PROMPTLY NOTIFY PHYSICIAN OF LAB RESULTS  The facility must promptly notify the attending physician of the findings.  This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to notify the physician of a positive urine culture for one (#6) of twenty-six residents reviewed.  The findings included:  Resident #6 was admitted to the facility on October 14, 1999, and readmitted on May 13, 2010, with diagnoses including Altered Mental	F 505	1) It is the practice of Life Care Center of Tullahoma to promptly notify physician of lab results. On 9/12/11 Resident #6's MD was notified of lab results per the Unit Manager and antibiotics were initiated. 2) On 9/15/11 Director of Nursing audited labs from 9/8/11 through 9/12/11 to ensure that all lab results were completed and MD notifications were prompt. All were in compliance. 3) Director of Nursing inserviced nursing staff on prompt MD notification of lab results on 9/15/11 and 9/27/11. Lab result notification audit will be performed weekly for four weeks then monthly for two months. 4) Director of Nursing and Unit Managers will report occurrence of and result of audits to the interdisciplinary quality		9/27/11

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F 505	Continued From page 12 Status, Malnutrition, Diabetes, Depressive Disorder, and Hypertension.  Medical record review of a physician's order dated September 6, 2011, revealed "Urinalysis with C&S (Culture and Sensitivity) if indicated...urinary urgency..."  Medical record review of a Urine Culture (laboratory report) collected on September 7, 2011, and reported to the facility on September 10, 2011, revealed "...Escherichia coli...50,000-100,000 colony forming units per ml (milliliter)..." Continued review of the laboratory report revealed no documentation the physician had been notified of the results of the urine culture.  Interview on September 12, 2011, at 11:30 a.m., with Licensed Practical Nurse (LPN) #3, at the nursing station, confirmed the physician had not been notified of the urine culture results.	F 505	improvement committee for review and possible intervention.		
F 514 SS=D	483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCESSIBLE  The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.  The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.	F 514	1) It is the practice of Life Care Center of Tullahoma to maintain complete and accurate records. On 9/13/11 Resident #3's chart was reviewed by Unit Manager. Allergy alert sticker and face sheet were corrected and are currently in compliance. 2) On 9/13/11 Unit Managers completed a facility wide audit of face sheets and allergy alert stickers. All are correct and in compliance. 3) Upon admission and readmission Health Information Manager will audit transfer information from provider and ensure all known allergies are placed on the allergy alert sticker, the face sheet	9/27/11	

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F 514	Continued From page 13  This REQUIREMENT is not met as evidenced by: Based on medical record review and interview the facility failed to ensure an accurate medical record for one resident (#3) of twenty-six residents reviewed.  The findings included:  Resident #3 was admitted on June 8, 2011, with diagnoses including Pneumonia, Dysphagia (difficulty swallowing), General Pain, Subarachnoid Hematoma, and Left Hemi-paresis.  Medical record review of the resident's chart page one revealed "...Med Pass form #MPT02 3/06..." with an orange sticker, "...NKDA (no known drug allergy)..."  Medical record review of the Face Sheet dated June 9, 2011, revealed "...Allergies: Penicillin..."  Medical record review of the Physician's Order dated September 2011, revealed "...Allergies Penicillin, Primaxin IM (intramuscular)..."  Interview on September 13, 2011, at 9:20 a.m., with Licensed Practical Nurse #2 at the East Hall nurse's station confirmed the resident had an allergy to penicillin and Primaxin IM, and confirmed the medical record was not accurate.	F 514	and the physician's orders. The audit will also ensure that the information will match on all required areas. 4) Director of Nursing and Unit Managers will report occurrence of and result of audits to the interdisciplinary quality improvement committee for review and possible intervention.		

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